Center for Nonlinear Studies

Visitor Approval Form

Requestor: _____

E-mail: _____

Today's Date: _____

Visitor Information

Title _____ Last Name _____ First Name _____ Middle _____

Dates of Visit: _____ to _____ If intermittent, dates of first visit: _____

_____
Citizenship

_____
Dual Citizenship (if applicable)

_____
Institution/Affiliation

Contact Phone Number _____

Contact Fax Number _____

Contact E-Mail Address _____

Purpose of Visit *(Please provide a brief description)*

_____
_____
_____

Expenses

CNLS can share visitor costs subject to approval.
We request maximum possible support from the host before requesting CNLS support.

Relevant **CNLS** Programs (check all applicable):
- [ ] Multiscale Modeling of Strongly Interacting Systems (X1L6)
- [ ] Nonlinear Behavior in Complex Systems (X1V8)
- [ ] Cooperative Phenomena in Soft Matter (X1V9)

Non-CNLS Cost Code / Program Code (if applicable) _____ / _____

Estimated Costs	Travel	Subsistence*	Fee	Rental Car	Total
CNLS	_____	+ _____	+ _____	+ _____	= _____
Non-CNLS Host Group	_____	+ _____	+ _____	+ _____	= _____
Totals	_____	+ _____	+ _____	+ _____	= _____

* Subsistence consists of lodging and per diem expenses.

(Continued on other side)

982 Host Information
(Host and Co-Host must be US Citizens. Required for Foreign National Visitors)

Host Name_____ Z#_____ E-Mail _____ MS_____ Phone # _____

Co-Host Name_____ Z#_____ E-Mail _____ MS_____ Phone # _____

Administrative Duties

Host Group's Administrator: _____ _____ _____
                                        Group   Name   Mailstop

        982 and/or Visitor Paperwork *(CNLS or Host Group)* _____

        Invitation Letter *(CNLS or Host Group)*   _____

        Office Space *(CNLS or Host Group)*   _____

        Air, Hotel, or Car Reservations *(Traveler Preferred)* _____

Seminar Information
CNLS strongly encourages visitors to give a seminar or colloquium. All colloquiums must be coordinated with CNLS Colloquium Committee (cnls_colloq@cnls.lanl.gov).

☐ Seminar   ☐ Colloquium

      Title: _____

      Date and Time: _____ (Must be reserved with the CNLS Office as well.)

      Abstract :   Please attach & email to cnlsoffice@lanl.gov

      Any missing information to be coordinated with CNLS Office.

PLEASE INCLUDE VISITOR'S CV & SEMINAR ABSTRACT

PLEASE RETURN VISITOR APPROVAL FORM TO CNLS OFFICE

For Internal Use Only

Funding   **Approved** ☐   **Disapproved** ☐

Space   **Approved** ☐   **Disapproved** ☐

_____   _____
Robert E. Ecke, CNLS Director *or*   Date
William Hlavacek, Acting CNLS Deputy Director

Reviewed by Ellie Vigil: _____   _____
                      Signature   *Date*

Processed by Adam Shipman: _____   _____
                      Signature   *Date*